

CERTIFICATE OF MAILING UNDER 37 CFR 1.8

Date of Deposit: September 22, 2004

I hereby certify that a Response to Notice of Non-Compliant Amendment (37 C.F.R. 1.121) and its enclosures is being deposited with the United States Postal Service with sufficient postage as First Class Mail service under 37 CFR 1.8 on the date indicated above, addressed to:

Mail Stop Amendment COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, VA 22313-1450

Title:

LABEL AND METHOD OF USING THE LABEL TO FILL

CONTAINERS

Inventor(s):

Jerome L. Krupa

Application No.:

09/759,875

Filing Date:

January 12, 2001

Enclosures:

1. Transmittal Form PTO-1083 (1 pg) and duplicate thereof (1 pg)

Blychman

- 2. Response to Notice of Non-Compliant Amendment dated September 9, 2004 (5 pgs.)
- 3. Return Post Card

Aida Blekhman

Attorney Docket No. P1329US 058909/0050

CH02/ 22340924.1

FORM PTO-1083

PATENT Attorney Docket No. P1329US

Date: September 22, 2004

In re Application of: Krupa Application No.

Filed:

09/759,875 January 12, 2001

For:

LABEL AND METHOD OF USING THE LABEL TO FILL CONTAINERS

Mail Stop Amendment **Commissioner for Patents** P.O. Box 1450 Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith is a Response to Notice of Non-Compliant Amendment (37 CFR 1.121) in the subject application.

Applicants claim small entity status of this application under 37 CFR 1.27.

Petition For Extension Of Time

- Applicants petition for a one-month extension of time under 37 CFR 1.136, the fee for which is \$0.00 (enclosed).
- Applicants believe that no petition for an extension of time is necessary. However, to the extent that such petition is deemed necessary, Applicants hereby petition for a sufficient extension of time to render the present submission timely. Please charge Deposit Account No. 07-0181 for the appropriate petition fee.

\boxtimes	No	additional	claim	fee is	required.
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Other:

The claim fee has been calculated as shown below:

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		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	EXTRA CLAIMS PRESENT	RATE	ADDIT. CLAIM FEE	RATE	ADDIT. CLAIM FEE
TOTAL		15	Minus	20	=0	x 9=	\$0.00	x 18=	\$0
INDEPEND	DENT	3	Minus	3	=0	x 43=	\$0.00	x 86=	\$0
FIRST PRESENTATION OF MULTIPLE CLAIM					+ 135=	\$	+ 270=	\$0	
						TOTAL	\$0.00	TOTAL	\$0

Please charge my Deposit Account No	. 07-0181 in the amount of \$0.	A duplicate copy of this sheet is attached.
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A check in the amount of \$ is attached.

The Commissioner is hereby authorized to charge any deficiencies in the following fees associated with this communication or credit any overpayment to Deposit Account No. 07-0181. A duplicate copy of this sheet is attached.

Any filing fees under 37 CFR 1.16 for the presentation of extra claims.

Any patent application processing fees under 37 CFR 1.17.

Respectfully submitted,

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